

Chapter 10

NURSING/PHYSICIAN ASSISTANTS/ MEDICAL ASSISTANTS

10.1. Competencies. The competency of staff members is assessed and documented during orientation, at the end of orientation, and on an ongoing basis as deemed necessary. A competency checklist for Nurses, Physician Assistants, and Medical Assistants will be completed over a period of time, as the proficiency in the indicated area is satisfied in accordance with the Competency SOP 4.3.3.

10.2. Registered Nurses. Registered Nurses (RNs) function within the DIHS scope and standards of nursing practice. This is prescribed by the DIHS RN Guidelines. All RNs of the medical facility will be under the supervision of the Health Services Administrator (HSA) on site, if the HSA is a clinician, otherwise, the Clinical Director (CD) and HSA will determine who will provide this supervision. Technical and administrative guidance will be provided as necessary by the DIHS Chief Nurse Officer.

10.2.1. Registered Nurse Guidelines. DIHS Registered Nurse Guidelines have been developed in an effort to have a wide range of nursing functions at each medical facility, as well as remain within the standards and scope of nursing practice. Any condition or treatment modality not included in these guidelines must be referred to the Nurse Practitioner/Physician Assistant or physician on site.

DIHS has adopted *THE LIPPINCOTT MANUAL OF NURSING PRACTICE* to standardize nursing procedures throughout the DIHS, with the exception of:

- ℄ Pelvic/urethral examination or specimen collection
- ℄ Orthopedic procedures
- ℄ Suturing
- ℄ Any procedures which require Advanced Cardiac Life Support (ACLS) certification
- ℄ Bone marrow aspiration and biopsy
- ℄ Pneumatic dilatation.

These procedures will require specific competency certification and the approval of the local physician, HSA, Medical Director and DIHS Chief Nurse Officer.

Each medical facility will maintain a current copy of this manual on site. This will eliminate the need for the nursing staff at each medical facility to write standard nursing procedure. If it becomes necessary in some situations to specifically address the accomplishment of a particular nursing procedure that might be unique to the individual medical facility, such procedures will be addressed in the local operations manual with the approval of the CD, HSA and DIHS Chief Nurse Officer.

10.2.2. RN Scope of Practice. The Scope of Practice is based on the educational background and experience of the RN. The RN will sign a scope of practice checklist acknowledging their knowledge of and willingness to practice within these parameters.

The facility's HSA or CD (if HSA is not an RN) will also sign and maintain on site, this scope of practice checklist (Form HSD-300) that authorizes the registered nurse to function under these

specific guidelines without physician consultation. This checklist will be renewed yearly.

10.2.3. RN Competencies. A competency checklist will be completed at orientation and on a yearly basis. If the HSA is a nurse, he/she is responsible for orchestrating and completing competencies on the RNs otherwise, the CD or Nurse Manager assumes this responsibility. Competency checklists will be maintained in the RN's personnel file.

10.3. Nurse Practitioner (NP) and Physician Assistant (PA). NPs and PAs assigned to the DIHS will function within the DIHS scope and standards of practice of a primary health care NP/PA. The physician on site will provide clinical supervision. Technical and administrative supervision will be provided as necessary by the HSA on site, with guidance as necessary from the DIHS Chief Nurse Officer.

10.3.1. NP/PA Protocols. In an effort to use these providers to their fullest capacity and remain within the standards and scope of practice, DIHS Protocols will be utilized. Consultation will be made with the SPC Clinical Director and the Medical Director as needed. The NP/PA is authorized to order all over-the-counter (OTC) medications that are included in the DIHS formulary, without written protocols. This will also include any medications/medical procedures included in the RN Guidelines. In addition, the NP/PA can renew any medication that the detainee possesses upon arrival at camp, if there is physical evidence or supporting documentation, until such time that a physician can be consulted.

10.3.2. NP/PA Scope of Practice. Based on the proficiency demonstrated through direct observation and/or conversation (verbal expression of knowledge) of each NP/PA, the Clinical Director, or physician on-site will sign and maintain a scope of practice checklist (Form DIHS-400) on the NP/PA. This authorizes the NP/PA to function under specified protocols without physician consultation. This scope of practice checklist will be renewed yearly. If a physician wants to expand a NP/PA's privileges beyond those specified in the DIHS protocol, a written request must be submitted to the DIHS Medical Director, delineating the requested privilege supported by evidence of demonstrated competency.

10.3.3. NP/PA Competencies. A competency checklist will be completed at orientation and on a yearly basis. The Clinical Director (CD) is responsible for orchestrating and completing the competencies on Nurse Practitioners and Physician Assistants. Competency checklists will be maintained in the NP/PA's personnel file.

10.4. Licensed Practical /Vocational Nurses. Licensed Practical Nurse (LPN)/Licensed Vocational Nurses (LVN) assigned to the DIHS, function within the DIHS scope and standards of nursing practice. All Licensed Practical/Vocational Nurses of the medical facility will be under the supervision of the HSA and/or the RN/NP/PA or CD onsite. The DIHS Chief Nurse Officer will provide technical and administrative guidance as necessary.

10.4.1. LPN/LVN Scope of Practice. Based on the proficiency demonstrated through direct observation and/or conversation (verbal expression of knowledge) of each nurse, the facility's HSA, CD (if the HSA is not an RN) or Nurse Manager will sign and maintain on site a scope of practice checklist (Form HSD-350) authorizing the LPN/LVN to function under these specific guidelines without a nurse's consultation. This scope of practice checklist will be renewed yearly.

10.4.2. LPN/LVN Competencies. A competency checklist will be completed at orientation and on a yearly basis. If the HSA is a nurse, he/she is responsible for orchestrating and completing competencies on the LPN/LVNs, otherwise, the CD assumes responsibility. Competency checklists will be maintained in the LPN/LVN's personnel file.

10.5. Nursing Assistants. Nursing Assistants (NA) assigned to the DIHS function within the DIHS scope and Guidelines for the Nursing Assistant. All Nursing Assistants of the medical facility will be under the supervision of the HSA. Clinical direction will be provided by a nurse (RN, LPN, or ARNP), a PA, or physician on site. The DIHS Chief Nurse Officer will provide technical and administrative guidance as necessary.

10.5.1. Nursing Assistant Guidelines. DIHS Nursing Assistant Guidelines have been developed in an effort to have a defined range of Nursing Assistant functions available at each medical facility, as well as to remain within the standards and scope of practice. Any condition or treatment modality not included in these guidelines must be referred to the appropriate clinician.

10.5.2. Nursing Assistant Scope of Practice. Based on the proficiency demonstrated through direct observation and/or conversation (verbal expression of knowledge) of each Nursing Assistant, the facility's HSA, or Clinical Director (if the HSA is not an RN) or Nurse Manager will sign and maintain on site the scope of practice checklist (FORM HSD-351) authorizing the Nursing Assistant to function under these specific guidelines without a nurses consultation. This scope of practice checklist will be renewed yearly.

10.5.3. Nursing Assistant Competencies. A competency checklist will be completed at orientation and on a yearly basis. If the HSA is a nurse, he/she is responsible for orchestrating and completing competencies on the NA, otherwise, the CD assumes responsibility. Competency checklists will be maintained in the NA's personnel file.

10.6. Medical Assistant. Medical Assistants assigned to the DIHS function within the DIHS scope and guidelines for the Medical Assistant. All Medical Assistants of the medical facility will be under the administrative supervision of the HSA and the clinical direction of a physician.

10.6.1. Medical Assistant Guidelines. DIHS Medical Assistant Guidelines have been developed in an effort to have a defined range of Medical Assistant functions available at each medical facility, as well as to remain within the standards and scope of practice. Any condition or treatment modality not included in these guidelines must be referred to the physician, NP/PA, LPN, or RN on site.

10.6.2. Medical Assistant Scope of Practice Checklist. Based on the proficiency demonstrated through direct observation and/or conversation (verbal expression of knowledge) of each Medical Assistant, the facility's HSA and Clinical Director, or Physician will sign and maintain on site a scope of practice checklist (Form HSD-352) authorizing the Medical Assistant to function under these specific guidelines without a Physicians consultation. This scope of practice checklist will be renewed yearly.

10.6.3. Medical Assistants Competencies. A competency checklist will be completed at orientation and on a yearly basis. The Clinical Director is responsible for orchestrating and completing the competencies on Medical Assistants. Competency checklists will be maintained in the Medical

Assistant's personnel file.

10.7. Medication Administration. When it is determined that a detainee will be receiving medication on a unit dose basis, a nurse is responsible for administering that medication. If a nurse is not available, the administration may be delegated to another health care provider. During non-clinic hours the administration may be delegated to an appropriately trained detention officer.

10.7.1. Documentation. For each detainee receiving medication on a unit dose basis, a Medication Administration Record (MAR) will be initiated and kept in a Kardex or a ring binder. As the medication is administered to the detainee, the date, time and initials of the administrator of the medication will be noted on the MAR. The medical provider administering the medication should sign the back of the MAR and print their initials. Furthermore, if a patient refuses a medication, the provider will place a circled capital "R" in the designated date. If the patient "No Shows" for their medication, the provider will put a circled capital "NS" in the designated date column. If the course of medication has been completed, discontinued or the detainee leaves the SPC, the MAR will be filed in the detainee's health record.

10.7.2. Medication Administration Incidents. All medication administration incidents will be reported, documented, and reviewed by the performance improvement committee. The physician and HSA will routinely review medication administration incident reports to identify areas of concern, problems, or trends that need to be discussed and resolved at the next scheduled Performance Improvement meeting. Failure to record a medication that was actually administered should not be recorded as a medication error. Medication omissions resulting from refusal by the detainee must be documented in the medical record and the provider notified.

10.7.2.1. Types of Incidents. Both the physician and HSA will be notified of the following types of medication administration incidents and will be responsible for assuring that they are reported to the quality assurance committee.

- ⊆ Unordered drug administered
- ⊆ Incorrect dose administered
- ⊆ Scheduled dose omitted
- ⊆ Extra dose administered
- ⊆ Incorrect route of administration
- ⊆ Incorrect transcription of provider order, resulting in a medication error
- ⊆ Medication administered when there is stated or written evidence of sensitivity to that drug

10.7.3. Incident Report. A Medical/Drug Incident Report QMD 010 will be completed for any of the above described medication administration incidents by the individual directly responsible for the incident. The completed form will be forwarded to the individual's immediate supervisor with copies to the physician and HSA.

10.7.4. Medication During International Escort. Due to the uncertain response of many governments toward individuals entering their country with medication/s and related equipment in their possession, all personnel performing international medical/psychiatric escort services are provided the following guidance:

- ⊆ Medication is to be administered only as directed by a physician's written orders while en route

to deportation destination.

- Ⓒ Administration of medication and or treatment performed is to be documented appropriately as defined by DIHS policy.
- Ⓒ Escorts are not to disembark aircraft in deport country with any medication or equipment. All unused medication & equipment are to be disposed of on the aircraft, just prior to landing, unless these supplies are left with medical personnel receiving the detainee.